## STATEMENT OF

PAGE 1 / 9 =

FEC FORM 1			DRGAN		_					Offic	ce Use	Only			
1. NAME OF		П	(Check if nam	ne E	xample:If ty	ping, type	1	2FE	4M5	Oilic	e Use	Offig			
COMMITTEE (ir	n full)	ш	is changed)	0	ver the lines				1110			1			
Tammy Ba	ldwin fo	or Se	enate									1 1		ı	
ADDRESS (number a	nd street)	P.O. Bo	ox 696				1 1	1 1		ı	1 1	1 1	1 1	ı	П
(Check if a	address														
is changed	1)	Madisc	n			, , , 1	Ī	W!		5370	1	. 1			
		(	CITY A				S	TATE A	<b>^</b>			ZIP (	CODE	<b>A</b>	
COMMITTEE'S E-MA	AIL ADDRES	SS													
(Check if a is changed		micha	aelfraychilde	rs@yaho	o.com		1 1			ı					, I
io onangot	-,	Optiona	al Second E-M	ail Address											
		mcnii	ders@tam	mybaidw	in.com										
COMMITTEE'S WEB		•	JRL) mmybaldwin.co	m											
(Check if a is changed															
2. DATE 0	1 12	D / Y	2023												
3. FEC IDENTIFIC	CATION NU	MBER	•	C00326	801										
4. IS THIS STATEM	MENT	NEV	V (N) <b>O</b>	)R	<b>x</b> AME	NDED (A)									
I certify that I have e	examined thi	s Statem	nent and to the	e best of m	y knowledge	and belief	it is tr	ue, co	orrect	and o	omple	ete.			
Type or Print Name	of Treasurer	Newby	, David, , ,												
Signature of Treasure	er <i>Newby</i> ,	David, , ,			[Electronic	cally Filed]	Dat	e	M = M	/	12	/		023	Y
NOTE: Submission of	false, errone		complete inform								enaltie	s of t	52 U.S	S.C. §	30109.
Office Use Only					Federal El	r information ection Commis 00-424-9530		t:			EC (Revis				

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate Baldwin, Tammy, , ,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senate Presider	State WI nt District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	mocratic, publican, etc.) Party
	——————————————————————————————————————
Political Action Committee (PAC):	connected examination is as
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (H	ybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net proceeds for	or two or more political
committees/organizations, at least one of which is an authorized committee of a federal candid	·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised 0	2/2009)			Page <b>3</b>
V	rite or Type Committee Name  Tammy Baldwi	n for Senate			
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundrai	ising Repre	esentative, or Leader	ship PAC Sponsor
	People's Voice PAC				
	Mailing Address	PO Box 685			
		Madison		WI 53701	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint	Fundraising	Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identibooks and records.	fy by name, address (phone number optional) and	nd position o	f the person in posses	sion of committee
	Childers, M	ichael, F, ,			
	Full Name				
	Mailing Address	2229 Hagen Road			
		PO Box 482			
		La Pointe		WI 54850	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Assistant Treasurer	Tele	ephone num	ber 608	576 - 8426
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasussistant treasurer).	surer of the	committee; and the n	ame and address of
	Full Name Newby, Da	/id, , ,			
	of Treasurer				
	Mailing Address	4338 Upland Drive			
		Madison		WI 53705	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer	Tele	ephone num	ber 608 - [	238 - 8890

FEC Form	I (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Childers, Michael, F, ,		
Mailing Address	PO Box 482		
	La Pointe  CITY	WI WI	54850 ZIP CODE ▲
Title or Position		STATE ▲	ZIP CODE A
Assistant Treasu	rer Telep	hone number 608	
	<b>Depositories:</b> List all banks or other depositories in which the exes or maintains funds.	committee deposits fund	ds, holds accounts, rents
Name of Bank, I	Depository, etc.		
	Associated Bank		
Mailing Address	433 Main Street		
	Green Bay	WI	54301
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	Woodsboro Bank		
Mailing Address	6 W. Patrick Street		
	Frederick	MD L	21701
	CITY ▲	STATE ▲	ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

n). <b>Joint Fundraisin</b>	Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
Tammy Baldwin V	ictory Committee		
Mailing Address	PO Box 696		
	Madison	wi	53701
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	tive Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A		
Full Name	CITY A		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	CITY   CITY   ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or material depository, etc.  Amalgation	CITY   CITY   ies: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	CITY   CITY   ies: List all banks or other depositories in which ntains funds.  amated Bank	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or material depository, etc.  Amalgation	CITY   CITY   ies: List all banks or other depositories in which ntains funds.  amated Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected Baldwin Wiscons	I Organization, Affiliated Committee, Joint Fin Victory Fund	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO Box 259965		
	Madison		, 53725
Delegionali		wi wi	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	<u> </u>		
Full Name Mailing Address			
Mailing Address	CITY A	STATE A	ZIP CODE A
	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	pries: List all banks or other depositories in w	Telephone Number	
Mailing Address  TITLE OR POSITION  Fanks or Other Deposite afety deposit boxes or make the position of Bank, depository, etc.	pries: List all banks or other depositories in w	Telephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Baldwin for Wisc	onsin		
	PO Box 696		
Mailing Address	1 0 250 550		
	Madison	WI	53701
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join Join ify by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)	state A	Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)  CITY   CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name     Mailing Address   TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected Blue Senate Can	Organization, Affiliated Committee, Joint Fund didate Fund	raising Representative	e, or Leadership PAC Spon
Light Correct Carr			
Mailing Address	600 PENNSYLVANIA AVE SE #15180		
Maining / Idai 000			
	Washington	, DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
rielationship.	OH Y	SIAIE	ZIP CODE A
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identii  Full Name    Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name	fy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

1.								
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2.				FEC II	O number	С		
3.				FEC II	O number	С		
4.				FEC II	O number	С		
Name of Any Cont		_	liated Committee, Joint	Fundraising Re	presentativ	re, or Le	eadership PAC	Sponso
Mailing Addre	ess	600 PENNSYLV	'ANIA AVE SE #15180					
		Washington			DC	2	0003	
Relationship:			CITY A		STATE A		ZIP COD	E▲
	Connected C	Organization  oy name, address	Affiliated Committee	Joint Fundraisin	g Represent	tative	Leadership	PAC Spor
	Connected C				g Represent	tative	Leadership	PAC Spor
Designated Agent:	: Identify b				g Represent	tative	Leadership	PAC Spor
Designated Agent:	: Identify b				g Represent	tative	Leadership	PAC Spor
Designated Agent:	: Identify b				g Represent	tative	Leadership	PAC Spor
Designated Agent:	: Identify b	oy name, address		nal)	g Represent	tative	Leadership	